

TOWN OF HIGHLAND
RIGHT-OF-WAY CUT PERMIT
PHONE 219-972-7595 FAX 219-972-5097

TYPE: ☐ROAD ☐CURB ☐PARKWAY ☐SIDEWALK ☐ALLEY (Paved/unpaved)

(Please Check what ever applies)

Location of cut: _____

Contractor: _____ Phone# (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone#(_____) _____

Start Date: _____ Completion Date: _____ Estimated Cost _____

Type of Surety: _____ Amount of Surety _____

Name of Insurance Agent: _____ Phone# (_____) _____

Certificate of Insurance Submitted: Yes No (Circle One)

Reason for Permit: _____

I, _____, being the petitioner of the above-mentioned permit, agree to perform all construction in accordance to the Town of Highland's Building Codes and Regulations. I further agree to comply with all local, state and federal safety regulations pertaining to all proposed construction, as stated hereon. I also agree to guarantee the workmanship of any and all repairs to the above-mentioned cut for a period of one (1) calendar year from the acceptance date affixed to this permit, by the Town Council's liaison to the Public Works Department.

Please Sign

OFFICE USE ONLY

Fee: \$120.00

Date Paid: _____

Receipt # _____

Application approved by _____ Date _____
Director of Public Works

Comments: _____

Town Council Liaison

Date _____

Construction Location: _____

Common Address: _____

Construction Notes: _____

Right of Way Line Indicate which way is North



	Sidewalk	
_____		_____
	Parkway	
_____		_____
_____		_____
	Street Name	
_____		_____
_____		_____
	Parkway	
_____		_____
	Sidewalk	
_____		_____

Right of Way line

Indicate distance from nearest street: _____